Electronic Health Record (EHR) Incentive Payment Program –
Review of Meaningful Use Stage 2 Regulation Changes and Other Impacts to the Medicaid EHR Incentive Program for 2014

The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.

Terminology

CMS – Centers for Medicare and Medicaid Services

CQM – Clinical Quality Measure

EH – Eligible Hospital

EHR – Electronic Health Record

EP – Eligible Professional

MAPIR – Medical Assistance Provider Incentive Repository

MU – Meaningful Use

R & A – CMS Registration and Attestation System

SMHP – State Medicaid HIT Plan

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Agenda

- General Overview
  - Meaningful Use
  - Overview of Stage 2 Final Rule Impact to Program
- Changes to Stage 1 Meaningful Use for 2014
- Stage 2 Meaningful Use Requirements
- Clinical Quality Measures (CQM)
- ONC's 2014 Standards & Certification Criteria
- MAPIR & Attesting Meaningful Use
- Resources

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General Overview – Meaningful Use

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General Overview

- The Medicare and Medicaid EHR Incentive Programs provide a financial incentive for the **"meaningful use"** of certified EHR technology to achieve health and efficiency goals

- Providers have to meet specific requirements in order to receive incentive payments:
  – Meaningful Use (MU) Objectives
  – Clinical Quality Measures
  – Other Program Requirements

- The goal of this webinar is to support Eligible Professionals (EPs) and Eligible Hospitals (EHs) as they progress through MU Stage 2 regulations and standards, including Stage 2 rule changes to Stage 1 requirements, and requirements for CQMs and 2014 EHR certification

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Benefits

By putting into action and meaningfully using an EHR system, providers will reap benefits beyond financial incentives, such as:

- Reduction in errors

- Availability of records and data

- Reminders and alerts

- Clinical decision support

- E-prescribing / refill automation

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Meaningful Use

- The American Recovery and Reinvestment Act of 2009 specifies three main components of Meaningful Use:
  - The use of a certified EHR in a meaningful manner, such as e-prescribing
  - The use of certified EHR technology for electronic exchange of health information to improve quality of health care
  - The use of certified EHR technology to submit clinical quality and other measures

- Simply put, "meaningful use" means providers need to show they are using certified EHR technology in ways that can be measured significantly in quality and in quantity
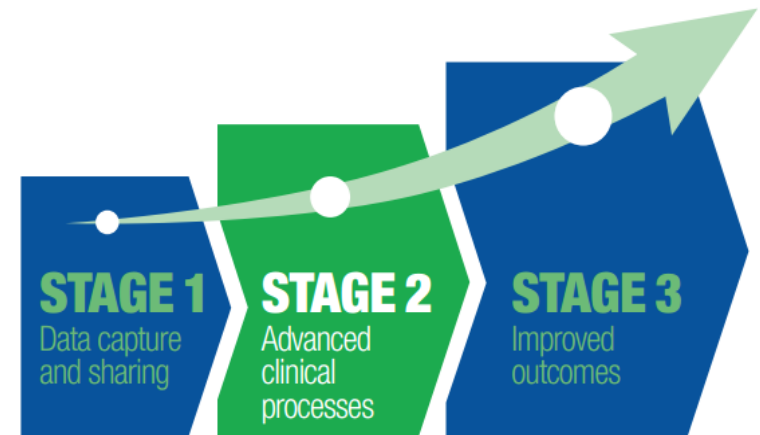
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Meeting Meaningful Use Requirements

To qualify for incentive payments, meaningful use requirements must be met in the following ways:

☑ **Medicare EHR Incentive Program** – Eligible professionals, eligible hospitals, and critical access hospitals (CAHs) must successfully <u>demonstrate meaningful use </u>of certified electronic health record technology <u>every year</u> they participate in the program

☑ **Medicaid EHR Incentive Program** – Eligible professionals and eligible hospitals may qualify for incentive payments if they <u>adopt</u>, <u>implement</u>, <u>upgrade</u> or demonstrate meaningful use in their <u>first year</u> of participation. Eligible providers **must successfully demonstrate meaningful use for subsequent participation years**
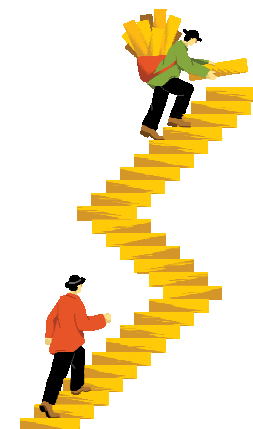
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Meaningful Use – Payment Adjustment Medicare EHR Incentive Program

- The HITECH Act stipulates that for Medicare EPs, hospitals and CAHs, a <u>payment adjustment</u> applies if they are not a meaningful user of certified EHR under the Medicare EHR Incentive Program
  - Payment adjustments will be applied beginning on January 1, 2015 for Medicare EPs and on October 1, 2014 for Medicare EHs; CAHs that are not meaningful users will be subject to a payment adjustment for fiscal year 2015
- EPs/EHs avoid payment adjustment penalty if successfully attest to MU under either the Medicare **or** Medicaid EHR Incentive Program
  - However, the Medicaid first year incentive based on Adopt, Implement and Upgrade (AIU) is not considered meaningful use and will not exempt EPs and EHs from penalties/adjustments

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CMS EHR MU Criteria Summary

The criteria for meaningful use is staged in three steps:

- **Stage 1** (2011 and 2012) sets the baseline for electronic data capture and information sharing

- **Stage 2 (to be implemented in <u>2014</u> and will continue through 2016**) – focuses more on quality and ensuring that providers derive value from their EHRs

  - In 2014, specifically for Stage 2, providers should be focused on capturing data points to measure quality using EHR

- **Stage 3** (implementation delayed until <u>2017</u>) – will be about new models of care delivery and how EHRs can be used to make sure that providers are delivering care that supports outcomes and higher quality of care delivery

STAGE 1
Data capture and sharing

STAGE 2
Advanced clinical processes

STAGE 3
Improved outcomes

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CMS Final Rule

On September 4 2012, CMS published a final rule that specifies the Stage 2 criteria that EPs, EHs, and CAHs must meet in order to continue to participate in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs

- All providers must achieve meaningful use under the Stage 1 criteria before moving to Stage 2

- Final Rule results in changes to MU objectives, to Clinical Quality Measures (CQMs), overall goals of Stage 2 and some Stage 1 standards

- Starting in 2014, providers participating in the EHR Incentive Programs who have met Stage 1 for two or three years will need to meet meaningful use Stage 2 criteria
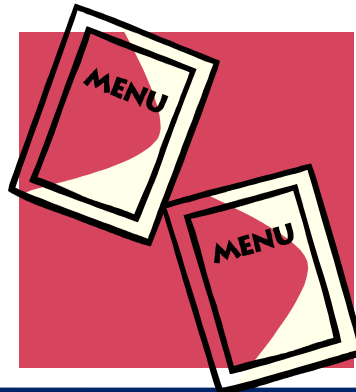
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General Overview – Stage 2 Final Rule Impact for 2014

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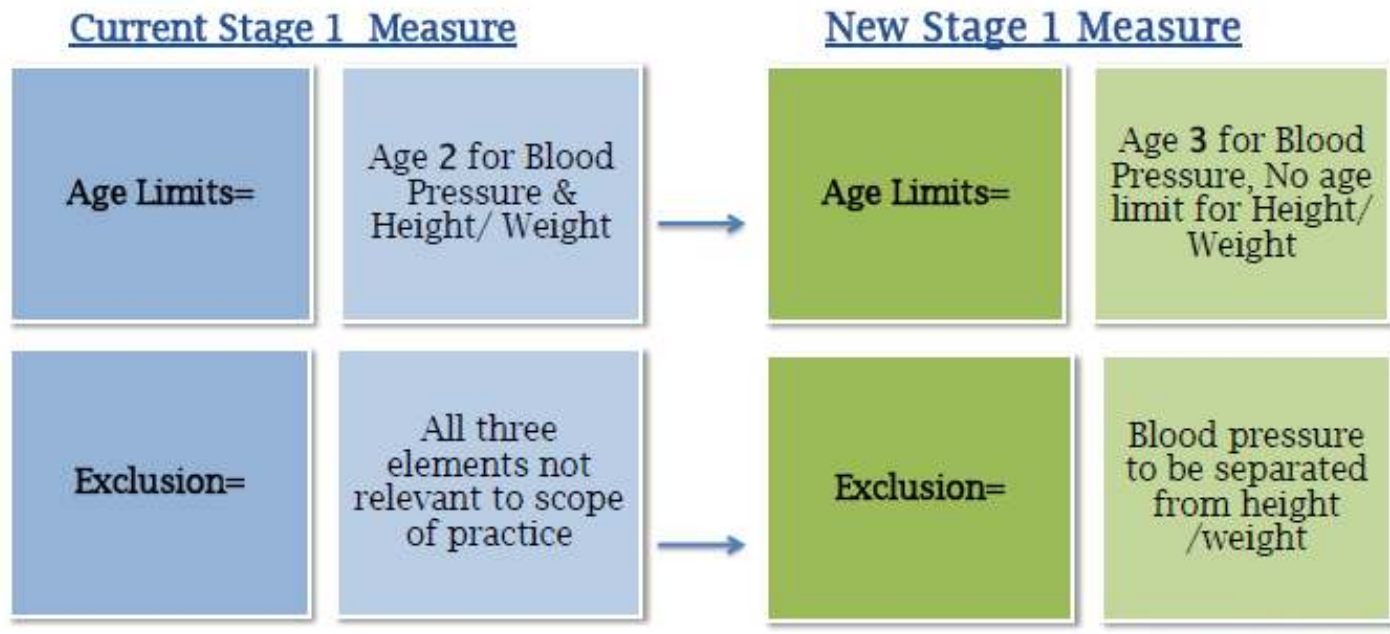
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Overview of Changes and Impact

- Stage 2 changes include new objectives to improve patient care through better clinical decision support, care coordination, and patient engagement

- In addition to Stage 2, the released rule of September 2012 affects Stage 1 meaningful use objectives, measures, and exclusions for EPs, EHs, CAHs

- CQM reporting – all providers are required to report on CQMs in order to demonstrate meaningful use

- EHRs must meet ONC 2014 certification standards

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General Policy Changes

Effective 10/1/13 for EHs and 1/1/14 for EPs:

- 90-day Reporting Period (just for 2014) – reporting period reduced to three months. **In 2014, all providers (regardless of their stage of MU) are only required to demonstrate MU for a 90-day EHR reporting period**

  – Allows providers time to adopt 2014 Certified EHR technology and prepare for Stage 2. Therefore, all participants will have a three-month reporting period in 2014.

- Exclusion Changes – can no longer count exclusion toward minimum number of menu objectives if there are other menu objectives provider can meet

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Stage 1 and Stage 2

Stage 1 Criteria

- Many of the Stage 2 rule changes impacting Stage 1 have taken effect as early as October 1, 2012, for eligible hospitals and CAHs, and January 1, 2013, for EPs. Other Stage 1 changes will not take effect until the 2014 fiscal or calendar year.

Stage 2 Criteria

- CMS specifies in its published final rule the criteria that EPs, EHs, and CAHs must meet in order to continue to participate in the Medicare and Medicaid EHR Incentive Programs

- The earliest that the Stage 2 criteria will be effective is in fiscal year 2014 for eligible hospitals and CAHs or calendar year 2014 for EPs and Stage 2 will continue through 2016

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Adopt, Implement, or Upgrade (AIU)

Starting in 2014:

- To align CMS polices with ONC EHR Certification Standards, CMS has modified its definition of Adopt, Implement or Upgrade

- Providers can no longer attest to AIU with any Certified EHR Technology

- Providers who attest to AIU in 2014 are required to secure Certified EHR Technology that can bring them to Meaningful Use in the subsequent years

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Changes to Stage 1 Meaningful Use for 2014

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MU Changes for 2014

Changes to Stage 1 MU include:

- Menu Objective Exclusions
- Vital Signs
- Health Information
  - Electronic Copy and Online Access

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2014 – Menu Objective Exclusion

Menu Objective Exclusion

- Beginning in 2014, EPs, EHs and CAHs will no longer be permitted to count an exclusion toward the minimum of 5 menu objectives on which they must report if there are other menu objectives which they can select. In other words, a provider cannot select a menu objective and claim an exclusion for it if there are other menu objectives they can meet.

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Menu Objective Exclusion (cont)

- EPs, EHs and CAHs will not be penalized for selecting a menu objective and claiming the exclusion if they would also qualify for the exclusions for all the remaining menu objectives

    – For example, EPs who must select to test the capability to submit data to either an immunization registry or a syndromic surveillance database as one of their menu objectives can select the menu objective for submitting data to an immunization registry and claim the exclusion if they would also be able to claim the exclusion for submitting data to a syndromic surveillance database. They would not be penalized for claiming this exclusion.

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2014 – Vital Signs

Measure changed for recording and charting vital signs changes. Changes were optional in 2013, but are required starting in 2014.

Current Stage 1 Measure		New Stage 1 Measure	
Age Limits=	Age 2 for Blood Pressure & Height/Weight	Age Limits=	Age 3 for Blood Pressure, No age limit for Height/Weight
Exclusion=	All three elements not relevant to scope of practice	Exclusion=	Blood pressure to be separated from height/weight

- New measure amends age limit for recording:
  - Blood pressure for patients ages 3 and over
  - Height and weight for patients of all ages

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2014 – Health Information Access

Stage 1 objectives for providing electronic copies and electronic access to health information replaced with Stage 2 EP and EH objective to provide patients the ability to view, download, or transmit their health information or hospital admission information online
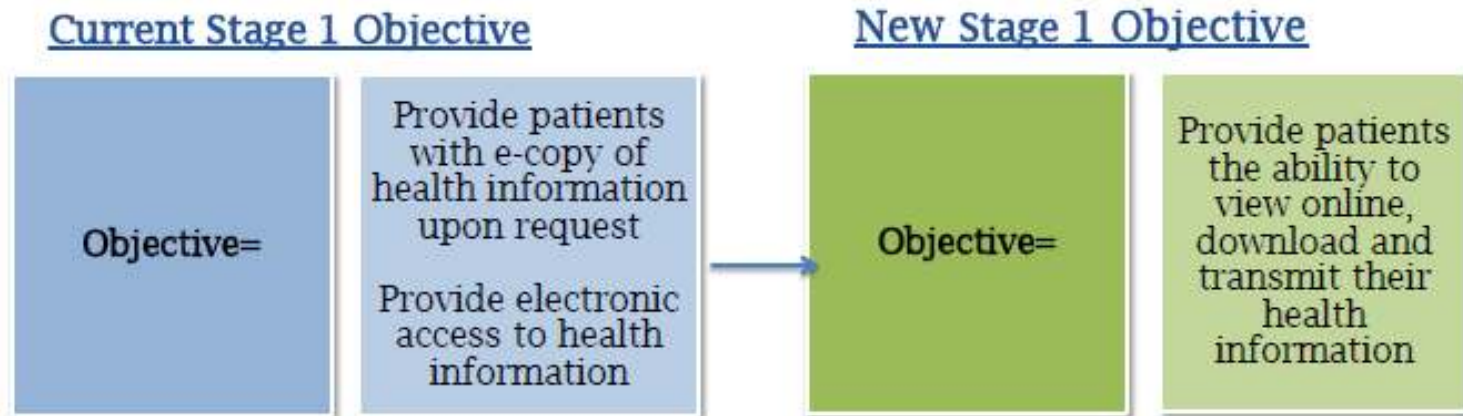
- The measure of the new objective is 50% of patients have accessed their information

Stage 2 Meaningful Use Requirements

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Stage 2 Requirements of Meaningful Use - Overview

- EHs can begin to demonstrate Stage 2 Meaningful Use starting in FY 2014; EPs in Calendar Year 2014 and will continue through 2016 as Stage 3 is expected to be implemented in 2017

- To demonstrate Stage 2 criteria:
  - EPs must meet all 17 core objectives and select 3 of the 6 menu objectives (total of 20); and report on 9 out of 64 approved CQMs
  - EHs and CAHs must meet all 16 core objectives and select 3 of the 6 menu objectives (total of 19) report on 16 out of 29 approved CQMs

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Batch Reporting

Stage 2 rule allows for batch reporting:

- Starting in 2014, groups will be allowed to submit attestation information for all of their individual Eligible Professionals in one file for upload to the Attestation System, rather than having each Eligible Professional individually enter data

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Stage 2 EP Core Objectives

EPs must meet all 17 core objectives:

Core Objective	Measure
1. CPOE	Use computerized provider order entry (CPOE) for more than 60% of medication, 30% of laboratory, and 30% of radiology
2. E-Rx	E-Rx for more than 50%
3. Demographics	Record demographics for more than 80%
4. Vital Signs	Record vital signs for more than 80%
5. Smoking Status	Record smoking status for more than 80%
6. Interventions	Implement 5 clinical decision support interventions + drug/drug and drug/allergy
7. Labs	Incorporate lab results for more than 55%
8. Patient List	Generate patient list by specific condition
9. Preventive Reminders	Use EHR to identify and provide reminders for preventive/follow-up care for more than 10% of patients with two or more office visits in the last 2 years

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Stage 2 EP Core Objectives (cont)

Core Objective	Measure
10. Patient Access	Provide online access to health information
11. Visit Summaries	Provide office visit summaries for more than 50% of office visits
12. Education Resources	Use EHR to identify and provide education resources more than 10%
13. Secure Messages	More than 5% of patients send secure messages to their EP
14. Rx Reconciliation	Medication reconciliation at more than 50% of transitions of care
15. Summary of Care	Provide summary of care document for more than 50% of transitions of care and referrals with 10% sent electronically and at least one sent to a recipient with a different EHR vendor or successfully testing with CMS test EHR
16. Immunizations	Successful ongoing transmission of immunization data
17. Security Analysis	Conduct or review security analysis and incorporate in risk management process

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Stage 2 EP Menu Objectives

EPs must select 3 out of the following 6 menu objectives:

Menu Objective	Measure
1. Imaging Results	More than 10% of imaging results are accessible through Certified EHR Technology
2. Family History	Record family health history for more than 20%
3. Syndromic Surveillance	Successful ongoing transmission of syndromic surveillance data
4. Cancer	Successful ongoing transmission of cancer case information
5. Specialized Registry	Successful ongoing transmission of data to a specialized registry
6. Progress Notes	Enter an electronic progress note for more than 30% of unique patients

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Stage 2 EH Core Objectives

EHs must meet all 16 core objectives:

Core Objective	Measure
1. CPOE	Use CPOE for more than 60% of medication, 30% of laboratory, and 30% of radiology
2. Demographics	Record demographics for more than 80%
3. Vital Signs	Record vital signs for more than 80%
4. Smoking Status	Record smoking status for more than 80%
5. Interventions	Implement 5 clinical decision support interventions + drug/drug and drug/allergy
6. Labs	Incorporate lab results for more than 55%
7. Patient List	Generate patient list by specific condition
8. eMAR	eMAR is implemented and used for more than 10% of medication orders
9. Patient Access	Provide online access to health information

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Stage 2 EH Core Objectives (cont)

Core Objective	Measure
10. Education Resources	Use EHR to identify and provide education resources more than 10%
11. Rx Reconciliation	Medication reconciliation at more than 50% of transitions of care
12. Summary of Care	Provide summary of care document for more than 50% of transitions of care and referrals with 10% sent electronically and at least one sent to a recipient with a different EHR vendor or successfully testing with CMS test EHR
13. Immunizations	Successful ongoing transmission of immunization data
14. Labs	Successful ongoing submission of reportable laboratory results
15. Syndromic Surveillance	Successful ongoing transmission of electronic syndromic surveillance data
16. Security Analysis	Conduct or review security analysis and incorporate in risk management process

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Stage 2 EH Menu Objectives

EHs must select 3 out of the following 6 menu objectives:

Menu Objective	Measure
1. Progress Notes	Enter an electronic progress note for more than 30% of unique patients
2. E-Rx	More than 10% electronic prescribing (eRx) of discharge medication orders
3. Imaging Results	More than 10% of imaging results are accessible through Certified EHR Technology
4. Family History	Record family health history for more than 20%
5. Advanced Directives	Record advanced directives for more than 50% of patients 65 years or older
6. Labs	Provide structured electronic lab results to EPs for more than 20%

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Clinical Quality Measures

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Clinical Quality Measures (CQMs)

To demonstrate meaningful use successfully, eligible providers are required also to report clinical quality measures specific to eligibility type

- CQMs can be measures of processes, experiences and / or outcomes of patient care, observations or treatment that relate to one or more quality aims for health care such as effective, safe, efficient, patient-centered, equitable, and timely care

  - For example, a measure can provide information regarding whether an EP has provided care to their patients that supports a clinical process found to be effective in reducing complications associated with a specific disease or medical condition or associated with being hospitalized

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Updates to CQMs

Although CQM reporting has been removed as a core objective of the EHR Incentive Programs, **beginning in 2014**, all providers, regardless of whether they are in Stage 1 or Stage 2 of meaningful use, **are required to report on CQMs** in order to demonstrate meaningful use

- **Beginning in 2014, EPs must report on 9 out of 64 approved CQMs; and EHs CAHs must report on 16 out of 29 approved CQMs**
  - Selected CQMs must cover at least 3 of the 6 HHS National Quality Strategy domains

- EPs, EHs and CAHs participating in the Medicaid EHR Incentive Program must electronically report their CQM data directly to the State

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ONC's 2014 Standards & Certification Criteria

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2014 EHR Certification

For EHR reporting periods **prior** to the fiscal year (FY)/calendar year (CY) 2014, the final rule includes additional flexibilities for eligible providers.

However, for EHR reporting periods <u>during and after </u>FY/CY 2014:

- Eligible providers will need to have EHR technology certified to the 2014 Edition EHR certification criteria that meets a required base amount of functionality and then any other functionality they need to achieve meaningful use

- EHR technology certified to the 2014 Edition EHR certification criteria will be able to support an eligible provider's attempt to achieve either meaningful use Stage 1 or Stage 2

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MAPIR & Attesting Meaningful Use

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MAPIR and the Attestation Process

- MAPIR allows EPs and EHs to apply and attest for incentive payments, and is the backbone of KDHE/DHCF's oversight efforts for the Medicaid EHR Incentive Program

- To apply for the Medicaid EHR Incentive Program, an EP must use the MAPIR application: https://www.kmap-state-ks.us/PROVIDER/SECURITY/logon.asp

- There are seven electronic MAPIR application tabs that comprise the registration document:

1. Get Started
2. R&A and Contact Information
3. Eligibility
4. Patient Volume

5. **Attestation**
6. Review
7. Submit

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MAPIR – Dashboard

Upon logging into MAPIR, an applicant will see the EHR Incentive Program Participation Dashboard.

Select the application and click *Continue*

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MAPIR – Get Started

When getting started, the applicant will see an initial screen with the status of the application s/he selected. This example shows a status of "Not Started".

The applicant can either:
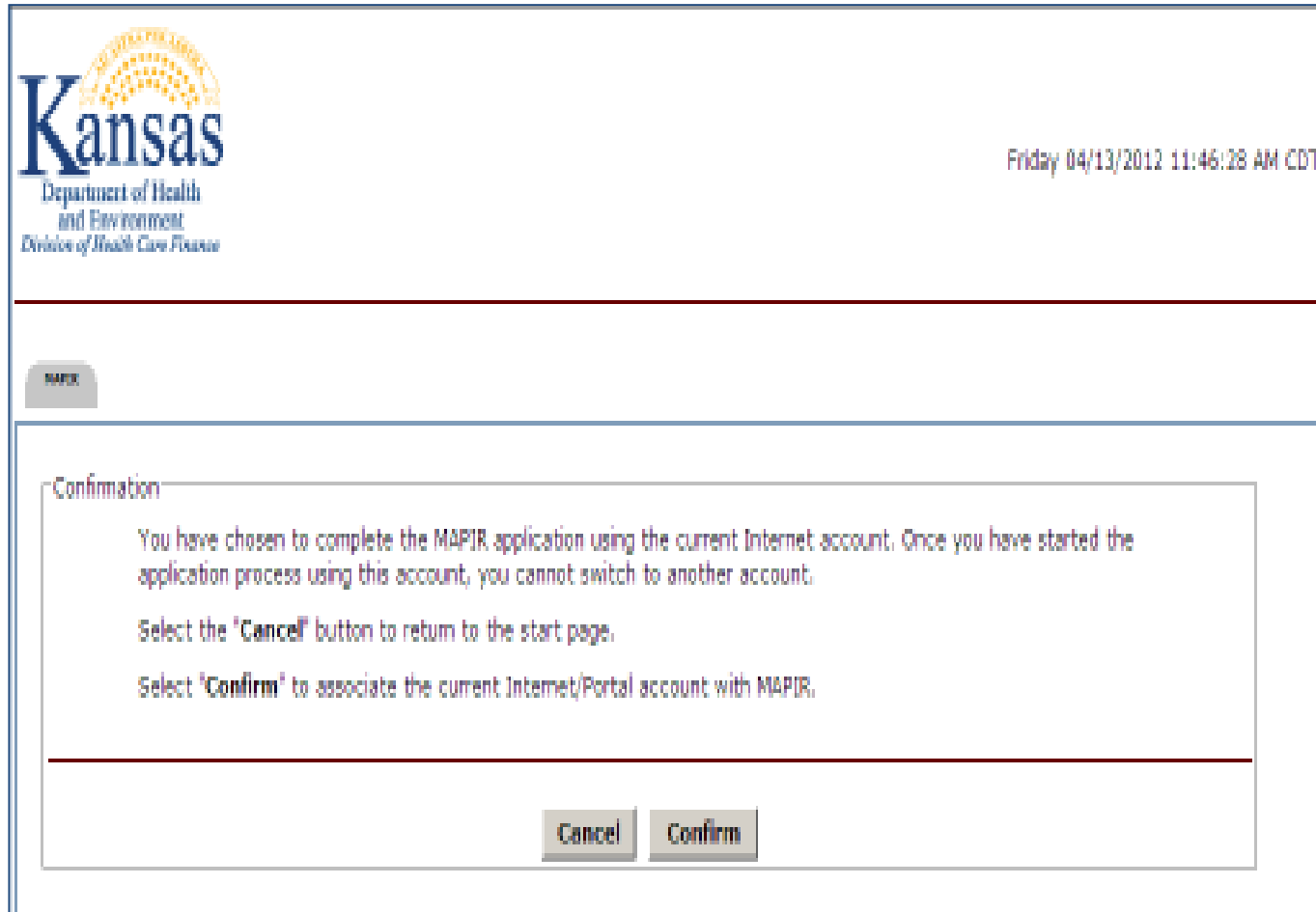
Select **Get Started** to continue the application process; or select **Exit**, and the applicant will exit the application.

An applicant may always click on the **Contact Us** link for application support.

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MAPIR – Application Confirmation

Once the application is started, the applicant will need to confirm association of the current Internet account with MAPIR.

The applicant may select **Confirm** to continue the application process or **Cancel**.

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MAPIR – Attestation

After going through the R&A/Contact Info, Eligibility, and Patient Volumes sections of MAPIR, the applicant is able to access and begin the Attestation section.

After viewing the Attestation Guidance Page, the applicant will see this **Attestation** screen – it requires a **EHR System Phase** selection.

Subsequent screens and questions depend on the EHR System Phase selection : **Adoption**, **Implementation**, **Upgrade**, or **Meaningful Use**.

After selecting the **EHR System Phase**, click **Save & Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

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MAPIR – Attestation

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MAPIR – Attestation

The applicant needs to enter the start of the EHR Reporting Period.

After entering the start date for the reporting period, the next screen will show the 90-day calculation, click **Save & Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

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MAPIR – Attestation

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MAPIR – Attestation

This screen shows an example where the applicant will need to enter information for each topic. In this case, the topic is General Requirements.

The applicant needs to answer applicable questions and/or enter data based on each topic requirement.

After entering applicable information, click **Save & Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

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MAPIR – Attestation

As the applicant progresses through each topic, the number of completed requirements or measures will be displayed in the *Progress* section of the Attestation Meaningful Use Measures screen.

When the topic is completed, a check mark will be displayed in the *Completed* section of the screen.

If an applicant needs to edit or clear information, they may select *EDIT* or *Clear All*.

Click **Save & Continue** to proceed or **Previous** to return.

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MAPIR – Attestation

This screen shows a completed section, where progress has been captured for each topic and has been completed, as shown by the green check mark.

If an applicant needs to edit or clear information for any topic(s), they may select **EDIT** or **Clear All**.

Click **Save & Continue** to proceed or **Previous** to return.

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MAPIR – Attestation

After submitting completed information for each topic, the applicant will see a Meaningful Use Measures summary which displays the entered information for each topic and sub-topic.

Review the information, Click **Save & Continue** to proceed or **Previous** to return.

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MAPIR – Attestation

This screen confirms successful completion of the **Attestation** tab in MAPIR.

Note the check box in right corner of the Attestation tab.

Click **Continue** to proceed to the **Review** and **Submit** sections in MAPIR.

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MAPIR – Submit

After going through the Review and Submit section of MAPIR, the applicant will see the **Application Submitted** box when an application has been successfully submitted.

The applicant can click **OK**.

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Resources

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Technical Assistance

- **CMS tools**: http://www.cms.gov/EHRIncentivePrograms/

- **KDHE/DHCF tools**: http://www.kdheks.gov/hcf/hite/default.htm
  - FAQs, Fact Sheets, Webinars & useful links to CMS and MU information

- **ONC 2014 Certification Criteria:**
  http://www.healthit.gov/sites/default/files/pdf/ONC_FS_EHR_Stage_2_Final_082312.pdf

- **MAPIR Assistance**:
  https://www.kmap-state-ks.us/PROVIDER/SECURITY/logon.asp
  - Provider Manual/MAPIR Companion Guide

Please submit your questions via email to
Kansas_EHR_Provider_Support@external.groups.hp.com
or call
1-800-933-6593

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www.kdheks.gov/hcf

HIT@kdheks.gov

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